



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E265091**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	13-02085
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	03
OBJECT STRUCK	

DATE OF COLLISION	08	-	22	-	2013	TIME (2400)	1628	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	0664
-------------------	----	---	----	---	------	-------------	------	----------	----	-------	--	---	--------------------------	---	--------------------------	----	-------------------------------------	----	------

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR 9 SE BLOCK NO. ☒ 500

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4259316017

LAST NAME GREEN FIRST NAME MARION MIDDLE INITIAL N

STREET NEW ADDRESS 5327 112TH PL NE

CITY MARYSVILLE ST WA ZIP 982718848

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # GREENMN1000L STATE WA SEX M D.O.B. MMDDYYYY 09 13 1990

ON DUTY ☐ STATUS AIRBAG 6 RESTR 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 060WOD STATE WA VIN# 3GKFK16T3YG215007

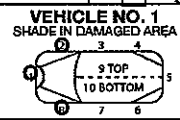
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE GMC MODEL YUKON STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. MARION GREEN PO BOX 1101 MARYSVILLE WA 98270 D: 4259316017

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # GEICO 0440-77-99-08

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 2538505397

LAST NAME DENNEY FIRST NAME ROBERT MIDDLE INITIAL R

STREET NEW ADDRESS 27223 48TH AVE S

CITY KENT ST WA ZIP 980327295

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # DENNERR513BN STATE WA SEX M D.O.B. MMDDYYYY 01 15 1949

ON DUTY ☐ STATUS AIRBAG 2 RESTR 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # ACF0840 STATE WA VIN# 2A4GP54L76R849160

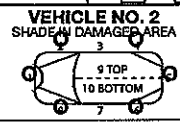
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE CHRY MODEL SPORTVA STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ROBERT DENNEY 27223 48TH AVE S KENT WA 98032 D: 2538505397

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # STATEFARM 159 8131-C25-47

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) D. PLANALP BADGE OR ID # 102 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E265091**

CASE # **13-02085**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CRAWFORD ARIKA B																	
ADDRESS & PHONE #		4420 106TH PL NE MARYSVILLE WA 98271 4258703399																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		RORABACK BRENDEN N																	
ADDRESS & PHONE #		15522 STATE ST SNOHOMISH WA 98296 3603489866																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	6	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		DENNEY MARY P																	
ADDRESS & PHONE #		27223 48TH AVE S KENT WA 98032 2538505397																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	UNKNOWN

NARRATIVE

V-1, V-2 and V-3 were all in the 500 block of northbound SR 9 SE, in the City of Lake Stevens. Vehicles in front of these vehicles were stopping for traffic. V-1 did not stop in time and collided into the rear of V-2 causing V-2 to collide into the rear of V-3. A passenger in V-2 was transported to the hospital by AID with unknown injuries. V-3 was impounded. Photos were taken and statements were collected.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP		08-23-13 09:42 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY BOB SUMMERS 079		DATE 8/23/2013 2:41:57 PM	
BADGE OR ID # 102	ORI # WA0311900	TIME POLICE DISPATCHED 4:28 PM	TIME POLICE ARRIVED 4:31 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E265091**

CASE # **13-02085**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)		TAYLOR GIULIANA H									
ADDRESS & PHONE # 3221 95TH DR SE EVERETT WA 98205 2067948807						SEX F	D.O.B. MMDDYYYY 04		05	2013	
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT # 3	SEAT POS. 4	AIRBAG 2	RESTR. 5	EJECT 1	HELMET USE	INJURY CLASS 1		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

V-1, V-2 and V-3 were all in the 500 block of northbound SR 9 SE, in the City of Lake Stevens. Vehicles in front of these vehicles were stopping for traffic. V-1 did not stop in time and collided into the rear of V-2 causing V-2 to collide into the rear of V-3. A passenger in V-2 was transported to the hospital by AID with unknown injuries. V-3 was impounded. Photos were taken and statements were collected.

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D. PLANALP		08-23-13 09:42 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY BOB SUMMERS 079		DATE 8/23/2013 2:41:57 PM	
BADGE OR ID # 102	ORI # WA0311900	TIME POLICE DISPATCHED 4:28 PM	TIME POLICE ARRIVED 4:31 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E265091**

CASE # **13-02085**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 2067948807

LAST NAME

ANNIS

FIRST NAME

ANNE

MIDDLE INITIAL

C

STREET NEW ADDRESS

3221 95TH DR SE

CITY

EVERETT

ST

WA

ZIP

98205

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

ANNISAC164QT

STATE

WA

SEX

F

D.O.B.

MMDDYYYY

11

-

30

-

1984

ON DUTY ☐

STATUS

AIRBAG

2

RESTR

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

ALV0537

STATE

WA

VIN#

5TDYK3DC8CS188299

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2012

MAKE

TOYT

MODEL

SIENNA

STYLE

VEHICLE TOWED YES ☒ NO ☐

TOWED BY

RESCUE TOWING

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. JEFFREY TAYLOR 3221 95TH DR SE LAKE STEVENS WA 98256 D: 2067948807

LIABILITY INSURANCE IN EFFECT ☒

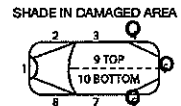
INSURANCE CO & POLICY #

PROGRESSIVE 71096464

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

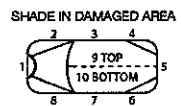
LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

08-23-13 09:42 AM

DATED:

PLACE SIGNED

BADGE OR ID #

102

ORI

WA0311900

APPROVED BY

SUMMERS

DATE

8/23/2013

PAGE

4

OF

5



NOT TO SCALE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02085

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Green, M. Nate	RACE BL	ETH	SEX M	DOB 04-13-1990	AGE 22	HGT 66	WGT	HAIR	EYES
STREET ADDRESS 5327 112th PL NE		CITY Marysville			STATE WA	ZIP 98270	RES. STATUS			
HOME PHONE 360-653-9488		CELL PHONE 425-931-6710			PLACE OF EMPLOYMENT Lane Bryant					
WORK PHONE		EMAIL ADDRESS ReignBow6@gmail.com								

I, Nate Green, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

lost control while
Driving and hit a van.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Nate Green</u>	DATE SIGNED 8-22-13	LOCATION SIGNED Highway 9
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED 8-22-13	LOCATION SIGNED LAKE STEVENS LSPD

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LSPD
ORIGINAL
PAGE 1 OF 2

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02085

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Denney Robert Richard	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 27223 48th Ave S-		CITY Kent			STATE Wash		ZIP 98032		RES. STATUS	
HOME PHONE 253-850-5397		CELL PHONE 253-561-4059			PLACE OF EMPLOYMENT Retired					
WORK PHONE		EMAIL ADDRESS AnchorBob2@Comcast.net								

I, Denney Robert Richard, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Traveling N. on Hwy 9 near Lk. Stevens. Going about 10 miles per hr. Car behind us (GMC Yukon XL Lic 060-W00) rear ended us. We were pushed in to car in front of us. We were then hit AGAIN by car behind us. 3 cars ~~involved~~ involved in accident.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Robert R. Denney</u>	DATE SIGNED 8-22-13	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED 8-22-13	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

VICTIM/WITNESS STATEMENT

VICTIM / WITNESS

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was headed north on highway 9 when traffic in front of me stopped. I had to hit my brakes and veer right. Then in my mirror I saw the gold SUV got hit from behind and then ran into the Toyota van behind me. We all pulled to the side and I checked on the van behind me and called 911.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education."

PAGE OF (

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check One)

Police Impound ☒ Private Impound _____ Repo _____MKE/ (Circle One) EVI EVIP EVRORI/ WA031 1900LIC/ ALV0537 LIS/ WA LIY/ 2694 LIT/ PC
VIN/ STDYK3DEBCS183299VYR/ 2012 VMA/ TOYT VMO SNA
VST/ VN VCO/ GRPDATE OF IMPOUND / REPO: 8/22/13TOW COMPANY NAME: Rescue Towing
TOW CO OCA/** 5745 PHONE # 4253345821

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 500 SR 9
City of Jurisdiction: LKS

For Repo:

Financial Institution:
Contact Person:
Phone #:

For Teletype:

Date: 8/22/13 Rec'd By: _____
Entered By: 370 Checked By: _____
WAC #: 13V0091765LSPD
ORIGINAL

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.050
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
13-02085

VEHICLE INFORMATION

VIN 5 T D Y K 3 D C 8 C S 1 8 8 2 9 9				
LICENSE ALV0537	STATE WASHINGTON	YEAR 2012	MAKE TOYOTA	MODEL SIENNA
<input type="checkbox"/> Report of Sale	MILEAGE 0	<input type="checkbox"/> Digital	STYLE VAN	COLOR GRAY
DRIVER		REGISTERED OWNER		LEGAL OWNER
NAME (LAST, FIRST, MI) ANNIS, ANNE C		NAME (LAST, FIRST, MI) TAYLOR, JEFFREY V		NAME (LAST, FIRST, MI)
STREET ADDRESS 3221 95TH DR SE		STREET ADDRESS 3221 95TH DR SE		STREET ADDRESS
CITY, STATE, ZIP CODE EVERETT, WA 98205		CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258		CITY, STATE, ZIP CODE
PHONE (206)794-8807	DOB 11/30/1984	PHONE (206)794-8807	PHONE	

AUTHORIZATION AND RECEIPT

ON 8/22/2013 AT 00:00 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
 (DATE) (24 HOURS)
 IN THE DESCRIBED VEHICLE, I AUTHORIZED RESCUE TOWING 5745-008
 (TOWING FIRM) (DOL TRUCK NO.)
 DRIVEN BY BAMA TO REMOVE THIS VEHICLE FROM 500 SR 8 SE
 (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input checked="" type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input checked="" type="checkbox"/> L REAR <input checked="" type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		

INVENTORY

NARRATIVE OR DIAGRAM

(List reasons(s) for impound.)

Vehicle was involved in a vehicle collision. Vehicle driver and infant passenger were transported home by AID. Vehicle had rear end damage. Vehicle was impounded at owners request.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

D. Planalp

SNOHOMISH, WA

102

Lake Stevens PD

3000-110-076 (R 07/13)

COUNTY, WA

BADGE NO.

AGENCY

LSPD
ORIGINAL

CHECK ALL THAT APPLY:		UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD		CASE / EVIDENCE NUMBER 13-02085	
<input type="checkbox"/> NON-IMPOUND/TOW <input type="checkbox"/> AAA or OTHER ROADSIDE ASSISTANCE <input type="checkbox"/> EVIDENCE <input type="checkbox"/> SEIZED UNDER RCW 9A.50.050 <input checked="" type="checkbox"/> IMPOUND ONLY <input type="checkbox"/> DUI/PC IMPOUND WITH 12 HOUR HOLD <input type="checkbox"/> OWLS IMPOUND WITH ___ DAY HOLD <input type="checkbox"/> INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER <input type="checkbox"/> REGISTERED OWNER MAY REDEEM <input type="checkbox"/> CHECK INDICATES DRIVER IS DWLSR AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD. <input type="checkbox"/> CHECK INDICATES THE DRIVER IS OWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.		VEHICLE INFORMATION			
VIN 5TDTYK3DC8CS188299		MILEAGE <input type="checkbox"/> Digital <input type="checkbox"/> Report of Sale			
LICENSE ALV0537		STATE WASHINGTON		YEAR 2012	
MAKE TOYOTA		MODEL SIENNA		COLOR GRAY	
NAME (LAST, FIRST, MI) ANNIS, ANNE C		NAME (LAST, FIRST, MI) TAYLOR, JEFFREY V		NAME (LAST, FIRST, MI)	
STREET ADDRESS 3221 95TH DR SE		STREET ADDRESS 3221 95TH DR SE		STREET ADDRESS	
CITY, STATE, ZIP CODE EVERETT, WA 98205		CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258		CITY, STATE, ZIP CODE	
PHONE (206)794-8807		PHONE (206)794-8807		PHONE	
DOB 11/30/1984					
AUTHORIZATION AND RECEIPT					
ON <u>8/22/2013</u> AT <u>05:00</u> PURSUANT TO RCW 46.55.065 / 112 AND HAVING PERSONALLY INVENTORED THE ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED <u>RESCUE TOWING</u> <u>5745-008</u> (TOWING FIRM) (POL TRUCK NO.) DRIVEN BY <u>RAMA</u> TO REMOVE THIS VEHICLE FROM <u>500 SR 9 SE</u> (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)					
EQUIPMENT		DAMAGE		EVIDENCE (DRIVER'S SIDE)	
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER		<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input checked="" type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input checked="" type="checkbox"/> L REAR <input checked="" type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER			
INVENTORY		NARRATIVE OF INCIDENT (Use separate(s) for impound) Vehicle was involved in a vehicle collision. Vehicle driver and infant passenger were transported home by AID. Vehicle had rear end damage. Vehicle was impounded at owners request.			
<input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRMS OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.					
<input type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE. <input checked="" type="checkbox"/> THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.					

OFFICER'S ELECTRONIC
SIGNATURE

D. Plannab

SNOHOMISH, WA
COUNTY, WA

102
BADGE NO.

Lake Stevens PD
AGENCY

2000-110-078 (R 07/13)

LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>D. PLANALP #102</i>			Case Number <i>13-0208</i>		
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)			Type of Case: <i>VEH ACC</i>			Date/Time: <i>8-23-13/0640</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # <i>1</i>	Item <i>CD WITH ACC</i> Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action # <i>3</i>						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

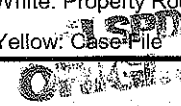
Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

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Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:		
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		



FAX COVER SHEET

TO:	SNOPAL	FAX:	
FROM:	PLANALP	DATE:	8-22-13
CC:		PAGES:	2
RE:	PLEASE ENTER IMPORTANT		

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"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LSPD
n safety, service and

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	2794
DESTINATION ADDRESS	914254073968
PSWD/SUBADDRESS	
DESTINATION ID	SNOPAC
ST. TIME	08/22 17:54
USAGE T	00' 33
PGS.	2
RESULT	OK

LAKE STEVENS POLICE DEPARTMENT

FAX COVER SHEET

Randy W. Celori Chief of Police

2211 Grade Road

Lake Stevens WA 98258

Phone 425-334-9537 Fax 425-334-9842



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CC:		PAGES:	2
RE:	PLEASE ENTER IMPOUND		

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Incident History for: #SS13018815 Xref: #AG13002417

Case Numbers: \$SS13002085

Entered 08/22/13 16:28:35 BY SPCT06 SP0348

Dispatched 08/22/13 16:28:48 BY SPDP17 SP0367

Enroute 08/22/13 16:28:48

Onscene 08/22/13 16:31:31

Closed 08/22/13 17:37:40

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT

Src: T

Loc: 4 ST SE/SR 9 SE , LKS (V)

Loc Info: JUST SO 4 ST

Name: WAGNER, DAMIEN

Addr:

Phone: 4254226031

/1628 (SP0348) ENTRY , 3 VEHS , UNK INJS
/1628 CROSS #AG13002417
/1628 (SP0367) DISPER SS1933 #SS102 PLANALP, OFFICER (DANIEL)
/1629 (SP0348) SUPP NAM: WAGNER, DAMIEN,
TXT: 2 GRY VANS AND A GOLD SUV , NON BLKING, RP
NOT INVOLVED
/1630 (SP0323) SUPP TXT: 4-5 CARS, FEM COMPLAINING OF HEAD PAIN BAL
T/MVC
/1631 (SP0367) ONSCNE SS1933
/1631 ASSTOS SS1935 [4 ST SE/SR 9 SE , LKS]
#SS104 LAMBIER, OFFICER (JEFF)
/1641 (SS102) REMINQ SS1933 MDTVEH, 060WOD, , WA, , , , , , , , , ,
/1642 REMINQ SS1933 MDTWANT, GREEN, MARION, N, 091390, , , WA, , , , , , , , , ,
/1642 REMINQ SS1933 MDTVEH, ACF0840, , WA, , , , , , , , , ,
/1642 REMINQ SS1933 MDTWANT, , , , , , WA, DENNERR513BN, , , , , , , , , ,
/1643 REMINQ SS1933 MDTWANT, , , , , , WA, DENNEMP502BS, , , , , , , , , ,
/1643 REMINQ SS1933 MDTVEH, ALV0537, , WA, , , , , , , , , ,
/1643 REMINQ SS1933 MDTWANT, ANNINS, ANNE, C, 113084, , , WA, , , , , , , , , ,
/1644 (SP0367) \$PREMPT SS1935
/1644 ASSTOS SS1935 [4 ST SE/SR 9 SE , LKS]
#SS104 LAMBIER, OFFICER (JEFF)
/1644 (SS102) REMINQ SS1933 MDTWANT, ANNINS, ANNE, C, 113084, , , WA, , , , , , , , , ,
/1644 (SP0367) ASNCAS SS1933 \$SS13002085
/1645 MISC SS1933 , 2 TOW OWNER REQ
/1650 (SS102) REMINQ SS1933 MDTWANT, ANNIS, ANNE, C, 113084, , , WA, , , , , , , , , ,
/1656 (SP0367) ROTREQ SS1933 TOW 5099 LKS MACK'S TOWING
3605683131
/1657 ROTREQ SS1933 TOW 5024 LKS ANGEL TRANSPORT & TOWING
3605680918
/1658 MISC SS1933 , MACKS HAS NO ONE AVL
/1659 MISC SS1933 , ANGEL TOW ER FOR 1
/1659 ROTREQ SS1933 TOW 5745 LKS RESCUE TOWING
4253345821
/1701 MISC SS1933 , RESCUE TOW ER FOR OTHER VEH
/1711 MISC SS1933 , 1 DRIVER BEING XPORTED , RESCUE TOW IS NO LONGE
R OWNER REQUEST
/1715 MISC SS1933 , RESCUE OS
/1715 (SS104) CLEAR SS1935
/1720 (SP0367) MISC SS1933 , CANCEL MACKS
/1726 ROTREQ SS1933 TOWX 5024 LKS ANGEL TRANSPORT & TOWING
3605680918
/1737 CLEAR SS1933 D/H
/1737 CLOSE SS1933

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